

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015203

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 2328

STATE FILE NUMBER

**FILED MAY 14 1962**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>29 Days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> c. CITY OR TOWN <u>Keytesville</u> Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. STREET ADDRESS (If outside, give location) <u>Route #1</u> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>WILLIAM</u> Middle <u>ROY</u> Last <u>FINNELL</u>		<b>4. DATE OF DEATH</b> Month <u>April</u> Day <u>27</u> Year <u>1962</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>8/22/1884</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Keytesville Mo</u>	
<b>11. BIRTHPLACE</b> (City and state or country) <u>USA</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Jasper Finnell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Eliza Coy</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lilah M Finnell</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>[REDACTED]</u>		<b>17. INFORMANT</b> Address <u>Roy Finnell 9844 Winner Rd Indep Mo</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis due to</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Perforation &amp; necrosis of stomach wall following resection of CA of stomach</u> DUE TO (b) <u>4 months</u> DUE TO (c) <u>recurrent</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year <u>  </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>3:28-82</u> <u>4-27-62</u> and last saw her alive on <u>4-27-62</u> Death occurred at <u>10:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> <u>Richard A. Twyman M.D.</u> (Degree or title)		<b>22b. ADDRESS</b> <u>4320 Wornall Rd. K.C., Mo.</u>	
<b>22c. DATE SIGNED</b> <u>4-28-62</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	
<b>23b. DATE</b> <u>4/28 62</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Asbury Cemetery</u>	
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Keytesville Missouri</u>		<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Sheil Funeral Home Ka sas City Mo</u>	
<b>25. DATE RECD. BY LOCAL REG.</b> <u>4-28-62</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Ruth Long</u>	

DOCUMENT

BY AFFIDAVIT OF  
Richard A. Twyman M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Thompson  
1020 W 56 St  
Woodbury

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Carroll.

Licensed Embalmer No. 4829

P. O. Address Kemo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.